

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 104
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CA Hospital Association PAC-Fed Spons by CA Assn of Hospitals & Health Systems (CAHHS)

<p>Full Name (Last, First, Middle Initial) A. J. Eugene Grigsby</p> <p>Mailing Address 515 S Figueroa St Ste 1300</p> <p>City Los Angeles State CA Zip Code 90071</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Health Foundation Occupation President/CEO, NHF/Community Board Cha</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2014 Transaction ID : INCA11930</p> <p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name (Last, First, Middle Initial) B. Richard Jacobs</p> <p>Mailing Address 8700 Beverly Blvd. Suite 2622</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cedars-Sinai Medical Center Occupation Senior Vice President, System Developm</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2014 Transaction ID : INCA11897</p> <p>Amount of Each Receipt this Period 1250.00</p>
<p>Full Name (Last, First, Middle Initial) C. Patricia Kittell</p> <p>Mailing Address 8700 Beverly Boulevard</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cedars-Sinai Medical Center Occupation Finance/Patient Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 03 / 20 / 2014 Transaction ID : INCA11916</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		2000.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		